

**PATENT NUMBER**

O.I.P.E. MR SCANNED <i>13/10</i> O.A. <i>LA</i>	PATENT DATE
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IL3  
897

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### TITLE

### Hydromorphone therapy

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## ISSUING CLASSIFICATION

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	_____ (Assistant Examiner)                      (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>  	
	_____ (Primary Examiner)                      (Date)			<b>ISSUE FEE</b> Amount Due                      Date Paid	
	_____ (Legal Instruments Examiner)                      (Date)			<b>ISSUE BATCH NUMBER</b>	

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